

Dear Vendor/Supplier:

The Debt Collection Improvement Act of 1996 mandates Federal payments be made by Electronic Funds Transfer/Direct Deposit (EFT/DD) beginning January 1, 1999. The law specifically requires all new contracts, be paid by EFT. (If you have not registered and have Internet access, you can register by completing an electronic questionnaire at the CCR Website: <http://ccr.edi.disa.mil.>)

The use of EFT payments produces significant cost savings to the Government. In addition, most recipients find EFT payments to be cheaper, safer, and easier to process than checks. Benefits include prompt availability of funds, no deposit delays, no lost or stolen checks, fully traceable payments, and better cash management.

Enroll today! Enclosed is a Direct Deposit Authorization enrollment form. Please enter your phone number and note any changes to your name and address. Then complete the rest of the form and forward it to the following address:

USACE – St. Paul District  
CEMVP-RM-F Attn: Wayne  
190 East 5<sup>th</sup> Street  
St. Paul, MN 55101-1638

Please print on your envelope: “DO NOT OPEN IN MAILROOM”

When completing the form, it is very important that your account number and your financial institution’s routing number are recorded correctly. Otherwise, your initial payment transaction could be rejected, causing a delay receiving your payment. Contact your financial institution to obtain their routing number.

You will continue receiving a hard copy of the paid invoice when payment is made. Please allow adequate mail time for the hard copy to reach you before calling to inquire what the payment is for. Point of contact for this letter is Wayne Scheffel at (651) 290-5233.

RANDAL C. BRUNET  
Finance and Accounting Officer

Encl.

# V E N D O R

## D I R E C T D E P O S I T A U T H O R I Z A T I O N F O R M

I hereby authorized U. S. Army Corps of Engineer, hereinafter called USACE, to initiate direct deposit credit entries to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit the same to such account. This authority is to remain in full force and effect until USACE has received written notification from me (or either of us) of its termination in such time and in such manner as to afford USACE and DEPOSITORY a reasonable opportunity to act on it.

Check One:  I am not currently participating in the Direct Deposit Program.

**ADD** - Deposit my payment to the account shown.

I am currently participating in the Direct Deposit Program.

**EROC**   B6  

**CHANGE** - Change financial institutions and/or account number.

**CANCEL** - Stop my participation in the program.

Name or (Company as shown on invoice):		
Address:		
City:	State:	Zip:
Mailing Address (if different):		
Daytime Phone: (       )		

Please ask your Financial Institution for your Depositor Account Number and Routing Number  
**(Indicate which type account to credit)**

Type of Depositor Account Please check a box.	<input type="checkbox"/> Checking	<input type="checkbox"/> Saving																												
<b>Depositor Account Number</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>																													

Name of Financial Institution:									
Address:									
City:			State:				Zip:		
<b>Routing Number:</b>									
Depositor Account Title:									

Tax ID Number (TIN) for Business:	
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**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_